

## Program Flexibility Application

Please do not include any patient identifying or personnel information in your application. The information in your application is considered public information and may be disclosed as part of a public records act request.

### Contact Details

Please provide the applicant's direct number should the Centralized Program Flex Unit have any questions regarding your application.

Applicant Contact Number \*



[REDACTED]

### Duration of Request

Requested Start Date \*



09/17/2024



Requested End Date \*



09/16/2025



Specify Type of Request \*



☐ Emergency ☒ Non-Emergency

What regulation(s) are you requesting program flexibility for? \* 



Select Facility Type

General Acute Care Hospital ▼

Search Regulations by Title or Regulation Number

### Selected Regulations

Intensive Care Newborn Nursery Service Staff, T22 DIV5 CH1 ART6-70485(d)

(d) A ratio of one registered nurse to two or fewer intensive care infants shall be maintained.

Effective January 1, 2023, HSC 1276 (e) and (f) references a new category for a program flexibility request, for a **general acute care hospital (GACH)**, that allows the facility to designate a bed, or beds, in a critical care unit as requiring a lower level of care.

Is this request related to a GACH designating a bed, or beds, in a critical care unit as requiring a lower level of care? \*



☒ Yes ☐ No ☐ N/A (Non-GACH Facility)

### Request Description



Santa Barbara Cottage Hospital received approval on November 2, 2020, from the State Department of Health Service (CDPH) allowing for program flexibility for staffing in the Neonatal Intensive Care Unit pursuant to section 1276(b) of the California Health and Safety Code. We are requesting to continue with this program flexibility for the Santa Barbara Cottage Hospital Neonatal Intensive Care Unit.

### JUSTIFICATION

Describe why program flexibility is needed. \*

Currently, the Santa Barbara Cottage Hospital Neonatal Intensive Care Unit is a Level III with 22 beds. Policies have been written and implemented to meet the intent of Health and Safety Code section 1276(b), and with respect to the standards and recommendations of the American Academy of Pediatrics Guidelines for Perinatal care, 1983. The policies that address the staffing are based on acuity guidelines and is adjusted to meet the highly variable needs reflected in census fluctuations and types of patients i.e., intensive, intermediate, and continuing care, the policies include:

### ALTERNATIVE CONCEPT



Describe the proposed alternate method for meeting the intent of the regulation. Include the alternate concepts, methods, procedures, techniques, equipment, personnel qualifications, or the conducting of pilot projects. Include a description of the provisions for safe and adequate care so that the proposed alternative does not compromise patient care. \*

In keeping with the best practices, the hospital remains current with the AAP Guidelines for Perinatal Care, Seventh Edition (2012), which states the acceptable nurse-patient ratio must take into account variables, such as birth weight, gestational age, diagnosis, patient turnover, acuity, patient/family education needs, bereavement care, mixture of skills of staff, environment, types of delivery and use of anesthesia. These variables too are considered in staffing ratios and in policy development related to NICU staffing.

### Additional Information



Provide any additional information as desired.



Please attach any supporting documentation for the request.

More than one document may be uploaded here.



Administrative Scope of Service NICU.pdf

Date Attached: Apr 02, 2024



Administrative Staffing for the NICU 1003.pdf

Date Attached: Apr 02, 2024



Staffing Ratios.pdf

Date Attached: May 03, 2024



NICU Levels of Care 2020 Accommodation Codes.docx

Date Attached: May 03, 2024



08.2024\_NICU Flex request with designated beds in map.docx

Date Attached: Aug 26, 2024

## Revise and Update



Add updates to the original application.

(1) Conspicuously post a copy of the critical care unit program flexibility application and a notice next to its license stating that a critical care unit program flexibility request and supporting evidence have been submitted to the department.

This will be posted on an iPad alongside our licensure at the main entrance of the facility.

(2) Make its best effort to notify affected employees and employee representatives of (a) the critical care unit program flexibility request and (b) direction to where to find the request and supporting evidence, and where to provide public comment.

Notification went to the nursing leaders of the NICU to share the program flex request with their

I agree to submit this application and certify under penalty of perjury that my answers are correct and complete to the best of my knowledge. I also certify that:



- I understand the questions and statements on this application.

- I understand the penalties for giving false information.
- I understand that this acknowledgment has the same legal effect and can be enforced in the same way as a written signature.
- I am authorized to submit this application on behalf of the licensee.
- This application does not include any patient identifying or personnel information.

This Information provided on this form is mandatory and is necessary for waiver approval. It will be used to determine whether to approve the request for a waiver. **The information in your application is considered public information and may be disclosed as part of a public records act request. \***



I acknowledge and agree to the above Terms of Acceptance